Form	Case 2:00-cy-02466-A-1	ES INDESUMENT	193-3 ING AND	Eiled	1/30/2005	Page 1 25-18226		
_	rt IV-A Reconciliation of Revenu	e per Audited h Revenue per	Part IV-B	Financi	iliation of Exp al Statements	enses per A	udited	
Return				Return			·	
2	Total revenue, gains, and other support per audited financial statements	a 3,676,604.	a Total exp	penses and lo linancial state	ements	▶ a 3.	399,825.	
b	Amounts included on line a but not on line 12, Form 990;		b Amounts line 17, F	s included on Form 990;	line a but not on		i	
/11	Net unrealized gains		(1) Donated	services of facilities	e			
1.7	on investments \$	·.	(2) Prior year				•	
(2)	Donated services			on line 20.			:	
٠.	and use of facilities\$		Form 99	0	.\$		•	
(3)	Recoveries of prior	•	(3) Losses r]	• •	
	year grants\$		line 20, F	Form 990 🔒	.\$	•		
(4)	Other (specify):		(4) Other (sp	pecify):				
	<u> </u>		l		\$.		
	Add amounts on lines (1) through (4)				s (1) through (4)			
Ç	Line a minus line b	<u>a 3,676,604.</u>				▶ ¢ 3,∠	399,825.	
ď	Amounts included on line 12, Form 990 but not on line a:			s included on not on line a	line 17, Farm :	11.		
(1)	Investment expenses		(1) investme	ent expenses			:	
	not included on		not inclu					
	line 6b, Form 990\$,\$. ·		
(2)	Other (specify):		(2) Other (s)	pecify):	_			
_	<u> </u>		l 	<u>-</u> -	.\$		•	
	Add amounts on lines (1) and (2)	<u> </u>			s (1) and (2)	▶ ₫		
Ø	Total revenue per line 12, Form 990 (line c plus line d)	3 676 604		venses per ur Bus line d)	ne 17, Form 990		300 025	
(line c plus line d) Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)							333,023.	
(A) Name and address			(B) Title and av	erage hours	(C) Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and	
SHAYEN GEORGE		PRESIDE		-0-1	compensation	other allowances		
P.O. BOX 710, 650 SOUTH IRVINE						1		
SHARON, PA 16146			1		57,500.	l o.	0.	
ROBERT HOTCHKISS			DIRECTO	R				
1875 WARNER ROAD			l					
HUBBARD, OH 44425					0.	0.	0.	
			TREASUR	ER.				
5155 FARIFAX DR.								
GENEVA ON THE LAKE, OH 44041			SECRETAI	D42	0.	0.	0.	
	TOM GEORGE			KY				
2515 ELK RIDGE WEXFORD, PA 15090					0.	0.	0.	
ME	WEAFORD, PA 13090					· · · · · ·	· ·	
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						<u> </u>		
75	75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your ornanization and all related organizations, of which more than \$10,000 was provided by the related organizations? If 'Yes,' attach schedule. Yes X No Form 990 (1999)							